

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

Women's Voices Women Vote Action Fund

(b) Address (number and street) ☐ check if different than previously reported

1640 Rhode Island Ave., NW Suite 825

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001754**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y

1 0 / 1 4 / 2 0 1 0

(b) Communication Title Protect**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Kim Griffin

(b) Address (number and street)

1640 Rhode Island Ave., NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

Women's Voices Women Vote Action Fund

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

99970.50

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Monica Prah

SIGNATURE Electronically Filed by Monica Prah

DATE 10/15/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.